Audits - Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

May 8, 2008

Mary Elliott, BA Mental Health Director Mendocino County Mental Health 860 No. Bush Street Ukiah, CA 95482

Dear Ms. Elliott:

AUDIT REPORT – MENDOCINO COUNTY MENTAL HEALTH

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Mendocino County Mental Health for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs Settled Allowed Adjustment Federal Share of Short-Doyle/Medi-Cal \$ 4,749,465 \$ 4,379,486 \$ (369,979) Federal Share of Healthy Families/Medi-Cal 5,115 36,700 31,585 State General Funds **EPSDT Due State** \$ 1,758,786 \$ 1,678,211 (80,575)

Mary Elliott, Director May 8, 2008 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

MABEL GILTNER, Supervisor

Audits – Bay & Central Region

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

Enclosures

CERTIFIED MAIL

MENDOCINO COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

			As Settled	Δ	Audit Adjustments	As Audited
NET REIMBURSABLE MEDI-CAL			7 S Settled		<u> </u>	713 / Rudited
PROGRAM COSTS						
COUNTY PROVIDERS	(0.1 0.)	•	2 000 704	Φ.	(21(222) #	0 (50 451
MEDI-CAL - FFP	(Sch. 2a)	\$	- , , -	\$	(316,233) \$	3,673,471
HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PROVIDERS	(Sch. 2a)	ф —	3,218	<u> </u>	33,211	36,429
TOTAL FFF - COUNTY PROVIDERS		₃ ==	3,992,922	\$	(283,022) \$	3,709,900
CONTRACT PROJUEDO						
CONTRACT PROVIDERS	(5.1.01)	•	750 761	Φ.	(50 E40) #	706015
MEDI-CAL - FFP	(Sch. 3b)	\$	759,761	3	(53,746) \$	706,015
HEALTHY FAMILIES - FFP	(Sch. 3b)	_	1,897		(1,626)	271
TOTAL FFP - CONTRACT PROVIDERS		³ <u></u>	761,658	\$	(55,372) \$	706,286
TOTAL FFP - COUNTY PLUS CONTRACT	PROVIDERS				(- (- 0-0)	
MEDI-CAL - FFP		\$	4,749,465	\$	(369,979) \$	4,379,486
HEALTHY FAMILIES - FFP			5,115		31,585	36,700
TOTAL FFP - COUNTY PLUS CONTRACT	PROVIDERS	\$	4,754,580	\$	(338,394) \$	4,416,186
		122				
SUMMARY OF STATE GENERAL FUNDS						
EPSDT - SGF	(Sch. 4)	\$	1,758,786	\$	(80,575) \$	1,678,211
	' · · · · · · · · · · · · · · · · · ·	T =		===		

MENDOCINO COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

						Audit		
			_	As Settled	_	Adjustments	_	As Audited
Total	Medi-Cal Gross Reimbursement							
1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	\$	0
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		6,252,102		(280,424)		5,971,678
3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		26,597		(26,597)		0
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	_	4,951		45,595		50,546
9.	Total		\$	6,283,650	\$ =	(261,426)	\$	6,022,224
Less	: Patient & Other Payor Revenues							
10.	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		31,450		(1)		31,449
12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13.	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18.	Total		\$=	31,450	\$ =	(1)	\$=	31,449
Med	ii-Cal Net Reimbursement for Direct Services							
19.	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		6,247,249		(307,020)		5,940,229
21.	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23.	Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
24.	Healthy Families-O/P	(Ln 8 - Ln 17)		4,951		45,595	_	50,546
25.	Total		\$=	6,252,200	\$	(261,425)	\$=	5,990,775
Med	li-Cal MAA Reimbursement							
26.	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
27.	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0		0
28.	Service Functions 21-19	(MH1979, Ln 13, Col. A)	_	0		0	_	0
29.	Total		\$	0	- \$	0	\$	0

MENDOCINO COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL					Audit		
			As Settled		Adjustments		As Audited
Amount Negotiated Rates Exceed Cost				_			
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0		0
36. Total		\$_	0	\$_	0	\$_	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	1,312,867	\$	(59,215)	\$	1,253,652
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$-	1,487,906	· \$ -	(420,911)	_	1,066,995
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$-	1,312,867	. ¥-	(245,872)	_	1,066,995
39. Wedi-Car Keimoursement	(Lower of Eli 57, Eli 56)	Ψ=	1,512,607	: "=	(243,672)	" =	1,000,993
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Lim	it (MH1979, Ln 8)	\$	787	. \$_	4,559	\$	5,346
41. Healthy Families Administration	(MH1979, Ln 9)	\$_	0	. \$_	8,842	\$_	8,842
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$=	0	\$ =	5,346	\$	5,346
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	0	\$	0	\$	0
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$_	232,630	\$.	(48,389)	=	184,241
				-			
Net SD/MC Reimbursement - FFP	(1471000 T 14141)	•	2 100 545	•	(150.010)	Ф	2040.657
45. Direct Services	(MH1979, Ln 16,16A)	\$	3,199,567	\$	(150,910)	\$	3,048,657
46. Enhanced (Children)	(MH1979, Ln 17,17A)		17,388		(17,388)		0
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48 MAA	(MH 1979, Ln 11, 12 & 13	3)			. 0		0
49. Administrative Reimbursement	(MH1979, Ln 6)		656,434		(122,937)		533,498
50. U.R. Skilled Professional	(MH1979, Ln 14)		0		0		0
51. U.R. Other	(MH1979, Ln 15)		116,315		(24,195)		92,121
52. Negotiated Rate-Payback	(MH1979, Ln 20)	_	0		0		0
53. Subtotal- FFP		\$ _	3,989,704	. \$	(315,429)	\$ =	3,674,275
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj # 47)	-	0		(804)	_	(804)
56. Total SD/MC Reimbursement - FFP		\$	3,989,704	\$	(316,233)	\$	3,673,471
Net Healthy Families Reimbursement - FFP			2,,00,,.01	= `:	(
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	e	2 210	¢	29,723	¢	32,941
-	(MH1979, Ln 24,24A) (MH1979, Ln 26)	\$	3,218	\$	29,723	Ψ	32,941
58. Negotiated Rate Exceed Costs	(MH1979, Ln 10)		0		3,489		
59. Administrative Reimbursement	(MILIA/A, PU 10)	œ -	3,218			¢	3,489
60. Total Healthy Families Reimbursement - FFP		\$ =	3,218	= °	33,211	, =	36,429
61. Total - FFP (Ln 56 + Ln 60)		\$ _	3,992,922	_ \$	(283,022)	\$_	3,709,900
		_		- '		_	(To Sch. 1)

MENDOCINO COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		(1)	(2)	131	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Medi-Cal	Enhanced -	Enhanced -	Total	Healthy	Medi-Cal	Enhanced -	Enhanced -	Total	Healthy
Legal		and Crossover	Children	Refugees	Gross Cost	Families	and Crossover	Children	Refugees	Gross Cost	Families
Entity		Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost	Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost
Number	Legal Entity			A T E				O U T		E N T	
Number	Legal Linuty	(MH 1968.	(MH 1968,	(MH 1968,	(Col. 1 to 3)	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col. 6 to 8)	(MH 1968,
		Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)	(00). 1 to 3)	Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)	(001. 0 to 0)	Ln 27, 27A)
		LI15, 5A, 10,10A)	LII IO, IOA)	L11 22)		LI121, 21A)	L10, 3A, 10,10A)	Lit 10, 10A)	LI1 22)		Litzi, zinj
120	Families First, Inc.	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	89,263 \$	0 \$	0 \$	89,263 \$	a
273	Edgewood Center for Children	\$ 0\$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	147,109 \$	Ô
386	Milhous Children's Services	\$ 0.5	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	84,651 \$	417
	True to Life Children's Services	\$ 0.5	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	28,888 \$	0
457	Sunny Hills Children's Garden	\$ 0.\$	0 \$	0 \$	0 \$	0 \$	19,804 \$	0 \$	0 \$	19,804 \$	Ô
	Summitview Child Treatment Ctr	\$ 0.\$	0 \$	0 \$	0 \$	0 \$	42,168 \$	0 \$	0 \$	42,168 \$	Ō
	North Valley Schools, Inc.	\$ 0.5	0 \$	0 \$	0 \$	0 \$	176,713 \$	0 \$	0 \$	176,713 \$	0
	Willow Glen Care Center	\$ 0\$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	36,618 \$	Ō
921	Tapestry Family Services	\$ 0\$	0 \$	0 \$	0 \$	0 \$	757,105 \$	0 \$	0 \$	757,105 \$	ñ
922	Rosewood Care Center	\$ 0.\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	Ō
	Sacramento Valley Family Serv	\$ 0.\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	Ô
1140	Sacramento valley raming cert	\$ 0.5	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	Ö
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	GRAND TOTAL	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	1,382,319 \$	0 \$	0 \$	1,382,319 \$	417

MENDOCINO COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity <u>Number</u>	<u>Legal Entity</u>	((11) Total Revenue Excl. HFP) I N P A T MH 1968, n 28 to 30)	(12) Healthy Families Revenue IENT (MH 1968, Ln 31)	#13) Total Revenue (Excl. HFP) G. B.T.P. (MH 1968, Ln 28 to 30)	(14) Healthy Families Revenue A.T.I.E.N.T	(15) Total Net Co (Excl. H E (Col 4-1	l est FP) :N:P:A:T:	Net Cost Healthy Families I 軍 N T: (Col 5-12)	(17) Total Net Cost (Excl. HFP) (Col 9-13)	(18) Net Cost Healthy Families A T.I.E.N.T	(19) Total MAA FFP Reimbursement (MH 1979, Ln 11-13)
120	Families First, Inc.	\$	0 \$	0	\$. 0	\$ 0	\$	0 \$	0	\$ 89,263	\$ 0 \$	0
273	Edgewood Center for Children	\$	0 \$	0	\$ 0	\$ 0	\$	0 \$	0	\$ 147,109	\$ 0 \$	0
386	Milhous Children's Services	\$	0 \$	0	\$ 0	\$ 0	\$	0 \$	0	\$ 84,651	\$ 417 \$	0
401	True to Life Children's Services	\$	0 \$	0	\$ 0	\$ 0	\$	0 \$	0			0
457	Sunny Hills Children's Garden	\$	0 \$	0	\$ 0	\$ 0	\$	0 \$	0	\$ 19,804	\$ 0 \$	0
461	Summitview Child Treatment Ctr	\$	0 \$	0	\$ 0	\$ 0	\$	0 \$	0 :	\$ 42,168	\$ 0 \$	0
484	North Valley Schools, Inc.	\$	0 \$	0	\$ 0	\$ 0	\$	0 \$	0 :			0
529	Willow Glen Care Center	\$	0 \$	0	\$ 0	\$ 0	\$	0 \$	0 :			0
921	Tapestry Family Services	\$	0 \$	0	\$ 0	\$ 0	\$	0 \$	0 :	\$ 757,105	\$ 0 \$	0
922	Rosewood Care Center	\$	0 \$	0	\$ 0	\$ 0	\$	0 \$	0 :	\$ 0	\$ 0 \$	0
1146	Sacramento Valley Family Serv	\$	0 \$	0	\$ 0	\$ 0	\$	0 \$	0 :	\$ 0	\$ 0 \$	0
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		\$	0 \$	0	\$ 0	\$ 0	\$	0 \$	0 :	\$ 0	\$ 0 \$	0
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		\$	0 \$	0	\$ 0	\$ 0 5	6	0 \$	0 \$	0 9	0 \$	0
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		\$	0 \$	0	\$ 0	\$ 0 5	3	0 \$	0 \$	0 5	0 \$	0
	GRAND TOTAL	\$	0 \$	0	5 0	\$		0 \$	0 \$	1,382,319	417 \$	0

MENDOCINO COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
		Neg. Rates	Neg. Rates	Neg. Rates	Neg. Rates					
Legal		Exceed Costs	Exceed Costs	Exceed Costs	Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity		(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
Number	Legal Entity	IN P	ATIENT	OUTPA	TIENT	(FFP)	(FFP)	(FFP)	Maximum	Maximum
		(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
		Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)					
120	Families First, Inc.	\$ 0	\$ 0 \$	0 \$	0 \$	45,836 \$	0 \$	45,836 \$	62,098 \$	45,836
273	Edgewood Center for Children	\$ 0			0 \$	75,827 \$	0 \$	75,827 \$	70,929 \$	70,929
386	Milhous Children's Services	\$ 0	\$ 0 \$	0 \$	0 \$	43,637 \$	271 \$	43,908 \$	51,440 \$	43,908
401	True to Life Children's Services	\$ 0	\$ 0 \$	0 \$	0 \$	14,908 \$	0 \$	14,908 \$	21,389 \$	14,908
457	Sunny Hills Children's Garden	\$ 0	\$ 0 \$	0 \$	0 \$	10,301 \$	0 \$	10,301 \$	18,889 \$	10,301
461	Summitview Child Treatment Ctr	\$ 0	\$ 0.5	0 \$	0 \$	21,328 \$	0 \$	21,328 \$	30,026 \$	21,328
484	North Valley Schools, Inc.	\$ 0	\$ 0.\$	0 \$	0 \$	90,873 \$	0 \$	90,873 \$	118,880 \$	90,873
529	Willow Glen Care Center	\$ 0	\$ 0.\$	0 \$	0 \$	18,903 \$	0 \$	18,903 \$	34,208 \$	18,903
921	Tapestry Family Services	\$ 0	\$ 0.5		0 \$				471,825 \$	389,300
922	Rosewood Care Center	\$ 0			0 \$	0 \$		0 \$	0 \$	0
1146	Sacramento Valley Family Serv	\$ 0			0 \$	0 \$	0 \$	0 \$	0 \$	ñ
1140	Cacramonto vancy rammy con-	\$ 0			0 \$	0 \$	0 \$	0 \$	0 \$	ň
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		s o		0 \$	0 \$	0 \$	0 \$	0 \$	0.5	n
		\$ 0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
		\$ 0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
		s 0		o s	0 \$	0 \$	0 \$	0 \$. 0 \$	n
		\$ 0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
		\$ 0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
		\$ 0		0 \$	0.5	0 \$	0 \$	0 \$	0 \$	0
		\$ 0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
		\$ 0	•	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
				· · · · · · · · · · · · · · · · · · ·			- •			0
		\$ 0		0 \$	0 \$	0 \$ 0 \$	0 \$	0 \$	0 \$	0
		\$ 0		0 \$	0 \$		0 \$	0 \$	0 \$	0
			\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
		\$ 0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
		\$ 0	\$ 0\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
	GRAND TOTAL	\$0	\$\$	0 \$	0 \$	710,913 \$	271 \$	711,184 \$	879,684 \$	706,286

(To Sch. 1)

MENDOCINO COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2003

As Settled Adjustments As	
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors) 7,624,606 (302,058)	7,322,548
(2) Total SD/MC Claims 7,106,364 0	7,106,364
(3) Percent % (Line 1/Line 2) 107.29% -4.25%	103.04%
(4) EPSDT Claims 3,888,902 0	3,888,902
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4) 4,172,403 (165,196)	4,007,207
(6) Cost Settled Baseline for EPSDT 464,847 0	464,847
(7) Net Cost Settlement Amount (Line 5 - Line 6) 3,707,556 (165,196)	3,542,360
(8) 48.56% of Cost Settlement Amount (Line 7 x 48.56%) 1,800,389 (80,219)	1,720,170
(8a) FY 2001-02 EPSDT Settlement 1,384,356 (83,773)	1,300,583
(8b) Annual Local Growth (L. 8 - 8a) 416,033 3,554	419,587
(9) County Match 10% of Local Growth (8b x 10%) 41,603 355	41,959
(10) Net Cost Settlement Amount (L. 8 - 9) 1,758,786 (80,575)	1,678,211
(11) SGF Distribution (Settled and Audited) 1,758,786 0	1,758,786
(12) SGF Due County (State) (0) (80,575)	(80,575) o Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2002-2003, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF gross distribution (See DMH letter dated October 23, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

Provider					Provider Number	No. of Adj.	1	eriod Ended
	MENDOCINO	COUNT	ΓΥ		00023	48	June	30, 2003
	Report Refe	rence	,			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NIS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COSTS				
1 2 3	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS To allocate total administrative cost among SD/MC, Healthy Fa	amilies, and	\$ 1,487,906 0 0 1,487,906	\$ (420,911) 8,842 412,069 0	\$ 1,066,995 8,842 412,069 1,487,906
				Non SD/MC Administration based on the gross cost method prof 71.7112% for SD/MC, .5942% for Healthy Families, and 27. Non SD/MC.	ercentages			
4 5 -	MH 1960 MH 1960 MH 1960	14 15 16	CCC	OTHER SD/MC UTILIZATION REVIEW NON SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS To adjust utilization review cost based on the gross cost methor	ed persentages	\$ 232,630 0 232,630	\$ (48,389) 48,389 0	\$ 184,241 48,389 232,630
				of 79.1993% for SD/MC and 20.8007% for Non SD/MC.				
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	- 10-10-10-10-10-10-10-10-10-10-10-10-10-1			

Provide	r MENDOCINO	COUN	TY		Provider Number 00023	No. of Adj. 48	i	Period Ended 30, 2003
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
6 7 8 9 10	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	3 3 3 3 3		PROGRAM 2 SERVICE FUNCTION 15/39 (2343) SERVICE FUNCTION 15/60 (2343) SERVICE FUNCTION 15/61 (2344) SERVICE FUNCTION 15/37 (2345) SERVICE FUNCTION 15/38 (2346) To adjust the Program 2 reported gross cost at the service funcreflect the RVS method of allocation.		\$ 104,489 0 0 0 0 1,049,851	\$ 98,742 74,152 1,370 65,537 (239,801)	\$ 203,231 74,152 1,370 65,537 810,050
11 12 13 14 15	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	2 2 2 2 2 2		PROGRAM 2 SERVICE FUNCTION 15/39 (2343) SERVICE FUNCTION 15/60 (2343) SERVICE FUNCTION 15/61 (2344) SERVICE FUNCTION 15/37 (2345) SERVICE FUNCTION 15/38 (2346) To adjust total units for the Program 2 providers. The adjustme segregate the Program 2 units by provider type rather than con by service function codes as was originally reported by the Coureflected are equal to the audited SD/MC units.	ent is made to abining them	36,690 0 0 0 369,920	40,370 15,155 280 24,850 (62,770)	77,060 15,155 280 24,850 307,150
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	r				Provider Number	No. of Adj.	Fiscal Per	1
	MENDOCINO	COUNT	ΓΥ		00023	48	June 30	0, 2003
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND				
16 17 18 19 20 21 22 23	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL To adjust the as settled (MH 1966A) SD/MC units of service/tir county operated facilities to agree with the State DMH Approve Report dated May 8, 2007. The above adjustments include Pt Copies of workpapers detailing adjustments by service functio been provided to the County. See the MH 1970 worksheets, v the units for the three (3) reimbursement periods.	ed Claims nase II. ns have	639,139 1,779,002 9,889 21,801 89 142 0 43 2,450,105	(50,468) (157,533) 47,705 142,600 3,338 7,883 4,274 19,652 17,451	588,671 * 1,621,469 * 57,594 * 164,401 * 3,427 * 8,025 * 4,274 * 19,695 * 2,467,556 *
24 25 - 26 27 28 29 30	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11	Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL To adjust the SD/MC units of service/time per the State DMH / Claims Report to the county's report. The above adjustments Copies of workpapers detailing adjustments by service functio been provided to the County. See the MH 1970 worksheets, we the units for the three (3) reimbursement periods.	include Phase II. ns have	** 588,671 ** 1,621,469 ** 57,594 ** 164,401 ** 3,427 ** 8,025 ** 4,274 ** 19,695 ** 2,467,556	1,750 (51,845) 0 (31,873) (3,427) (8,025) (490) (3,330) (97,240)	590,421 * 1,569,624 * 57,594 132,528 0 0 3,784 16,365 2,370,316 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	MENDOCINO	COUNT	ry		Provider Number 00023	No. of Adj. 48	l	riod Ended 0, 2003
	Report Refe					As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
No. 31 32	Sch. MH 1966A MH 1966A	8 8A	Total	ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND MEDI-CAL UNITS - 07/01/02 to 09/30/03 TOTAL To adjust SD/MC units to incorporate the controls of the lower records or the State DMH Approved Claims Report. The abovinclude Phase II. Copies of workpapers detailing adjustments functions have been provided to the county. See the MH 1970 which reflect the units for the three (3) reimbursement periods.	of the County re adjustments by service) worksheets,	** 590,421 ** 1,569,624 ** 2,370,316	(272) (476) (748)	590,149 1,569,148 2,369,568
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	MENDOCINO	COLINI			Provider Number 00023	No. of Adj. 48		eriod Ended 30, 2003
	Report Refe					As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	Reported	(Decrease)	Adjusted	
				ADJUSTMENTS TO REPORTED SD/MC UNIT CONTRACT PROVIDERS	<u>'S</u>			
33 34	MH 1966A MH 1966A	8 8A		MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 TOTAL		95,778 342,465 438,304	(12,524) 9,866 (2,658)	83,254 * 352,331 * 435,646 *
				To adjust the as settled (MH 1966A) SD/MC units of service/til County's contract providers to agree with the State DMH Approximate Report dated May 8, 2007. Copies of workpapers detailing ad by service functions have been provided to the County. See the worksheets, which reflect the units for the three (3) reimburser	oved Claims justments ne MH 1970			
35 36 37 38	MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 10 11A	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL		** 83,254 ** 352,331 40 21 ** 435,646	19 (31,142) (40) (18) (31,181)	83,273 * 321,189 * 0 3 404,465 *
				To adjust the SD/MC units of service/time per the State DMH of Claims Report to the county's report. Copies of workpapers do by service functions have been provided to the County. See the worksheets, which reflect the units for the three (3) reimburser	etailing adjustments ne MH 1970			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider	MENDOCINO	COLINI	rv		Provider Number 00023	No. of Adj. 48	1	eriod Ended 30, 2003
	Report Refe				1 00025	As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT	<u>'s</u>			
39 40	MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 10 11A	Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL To adjust SD/MC units to incorporate the controls of the lower records or the State DMH Approved Claims Report. Copies of detailing adjustments by service functions have been provided See the MH 1970 worksheets, which reflect the units for the th reimbursement periods.	workpapers to the county.	** 83,273 ** 321,189 0 3 ** 404,465	(40) 7 - (33)	83,233 321,196 0 3 404,432
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	r MENDOCINO	COUNT	ſΥ		Provider Number 00023	No. of Adj. 48	{	eriod Ended 30, 2003
	Report Refe		•			As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC SETTLE	MENT			
41	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS R	EIMBURSEMENT	2,473,749	(87,750)	2,385,999
				To adjust reported Contract Provider Direct Medi-Cal Gross Reas a result of adjustments to the contract providers SD/MC uniservice/time.				
42 43	MH 1979 MH 1979	21 27	j	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY TOTAL REIMBURSEMENT- COUNTY		\$ 3,989,704 3,218 3,992,922	\$ (315,429) 33,211 (282,218)	\$ 3,674,275 * 36,429 3,710,704
44 45	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PF TOTAL REIMBURSEMENT- CONTRACT PROVIDERS	ROVIDERS	\$ 759,761 1,897 761,658	\$ (48,848) (1,626) (50,474)	\$ 710,913 * 271 * 711,184 *
				To adjust Total SD/MC Reimbursement (FFP) due to the adjus reported costs and units.	tments to			
46	Sch. 3b Sch. 3b Sch. 3b	Total Total Total	24 25 28	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PF TOTAL REIMBURSEMENT- CONTRACT PROVIDERS	ROVIDERS	** \$ 710,913 ** <u>271</u> 711,184	\$ (4,898) 0 (4,898)	\$ 706,015 271 706,286
				To adjust the FFP reimbursement for the contract provider (Edg Center for Children) to the FFP contract maximum.	gewood			
47	Sch. 2a	55		QUALITY ASSURANCE REVIEW RESULTS		** \$ 3,674,275	\$ (804)	\$ 3,673,471
				To recoup over billings related to service function code 15/58 in State DMH's Medi-Cal Oversight Unit.	lentified by the			
		-						
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider	MENDOCINO) COUN	гү		Provider Number 00023	No. of Adj. 48		eriod Ended 30, 2003
	Report Refe				<u> </u>	As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
No. 48	Sch. 4	Line 8	3	ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT TOTAL EPSDT SGF To adjust the State General Fund share of EPSDT as a result to SD/MC reimbursements as reflected on Lines 16, 16A, 17, Column C of the form MH 1979 of the audited County and concost reports.	17A, and 18,	\$ 1,758,786	\$ (80,575)	\$ 1,678,211
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

FINDING 1 – APPORTIONMENT OF UTILIZATION REVIEW COST TO NON SD/MC

The County did not report Non-SD/MC Utilization Review costs on line 15, MH 1960, of the cost report even though the County selects its cases for utilization review on a random basis from its total client population (Medi-Cal and Non Medi-Cal).

AUDIT AUTHORITY:

Fiscal Year 2002/03 Cost Report Instructions, CFRS-34.

RECOMMENDATION:

We recommend that the County adhere to page 34 of the Cost Report Instructions which states, "If the county performs utilization review of all services regardless of client Medi-Cal eligibility, a portion of the utilization review cost should be reported on line 15." Failure to do so could result in material fiscal exceptions.

AUDITEE'S RESPONSE:

FINDING 2 – APPORTIONMENT OF ADMINISTRATIVE COST TO NON SD/MC

The County does not use an acceptable method of apportioning administrative costs among SD/MC, Healthy Families, and Non SD/MC. All administrative costs were captured as SD/MC. As a result, DMH used the gross cost method of allocation by calculating the percentage of gross Medi-Cal costs (MH 1968) to total costs (MH 1964).

AUDIT AUTHORITY:

Fiscal Year 2002-2003 Cost Report Instruction, CFRS-34 California Code of Regulations, Title 9, Section 640

RECOMMENDATION:

We recommend that the County review the cost report instructions and select an appropriate method to distribute administrative costs among SD/MC, Healthy Families, and Non SD/MC.

AUDITEE'S RESPONSE:

<u>FINDING 3 – COST REPORTING OF PHASE II (OUTPATIENT) CONSOLIDATION</u> EXPENDITURES

The County did not disclose payments made to the Phase II contractors on MH 1966A, Program 2, of the cost report by provider type. Instead, the payments were reported by service function codes.

The Phase II contractor information such as costs, total units, and SD/MC units should be segregated by discipline or provider numbers. In addition, only actual payments made by the County to the Phase II contractors for their services should be disclosed as total costs.

AUDIT AUTHORITY:

State DMH letter dated December 23, 1998

RECOMMENDATION:

We recommend that the County separately identify and disclose payments, total units, and SD/MC units related to the Phase II contractors, by provider number, to comply with the State DMH letter dated December 23, 1998.

AUDITEE'S RESPONSE:

FINDING 4 - FFP CONTRACT MAXIMUM

One of the county's contract providers, Edgewood Center for Children, has its FFP contract maximum less than its FFP reimbursable cost.

AUDIT AUTHORITY:

Provider contract

RECOMMENDATION:

Since final reimbursement is determined by taking the lower of the FFP contract maximum and the FFP reimbursable cost, we recommend that the county review the maximum payable amount in its provider contracts and make necessary amendments so the maximum amount payable under the contract does not fall below reimbursable cost.

AUDITEE'S RESPONSE:

FINDING 5 - NO SD/MC UNITS FOR TWO CONTRACT PROVIDERS

Two of the county's contract providers, Rosewood Care Center (LE #922) and Sacramento Valley Family Services (LE #1146), filed a cost report and billed the State DMH for SD/MC units which were approved and paid for. However, these two contract providers did not have SD/MC units in Mendocino County's system report. Final reimbursement for SD/MC units involves taking the lesser of the DMH claims report or the county records. Consequently, there will be \$0 settlement for these contractors.

AUDIT AUTHORITY:

CMS, Pub. 15-1, Section 2304 California Code of Regulations, Title 9, Section 640

RECOMMENDATION:

The County should exercise due care when preparing necessary audit supporting documentation to ensure accuracy, reliability, and completeness of information provided.

AUDITEE'S RESPONSE:

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: MENDOCINO

County Code: 23

	Legal Entity: MENDOCINO COUNTY	Α	В	С
Leg	gal Entity Number: 00023	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	7,702,107	5,144,483	12,846,590
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(2,259,604)	(2,259,604)
4	Other Adjustments (Provide Detail)		459,038	459,038
5	Total Costs Before Medi-Cal Adjustments	7,702,107	3,343,917	11,046,024
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			11,046,024
	Administrative Costs (County Only)			
9	SD/MC Administration			1,066,995
10	Healthy Families Administration			8,842
11	Non-SD/MC Administration			412,069
12	Total Administrative Costs			1,487,906
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			184,241
15	Non-SD/MC Utilization Review			48,389
16	Total Utilization Review Costs			232,630
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			9,325,488
1				
19	Total Costs - Lines 9 through 18			11,046,024

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: MENDOCINO

County Code: 23

	Legal Entity: MENDOCINO COUNTY	A
Le	gal Entity Number: 00023	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	9,325,488
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	627,664
5	Outpatient Services (Mode 15 Program 1 + Program 2)	7,816,115
6	Outreach Services (Mode 45)	881,709
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	9,325,488

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: MENDOCINO County Code: 23

County Code: 23			CR					
Legal Entity: MENDOCINO COUNTY		Α	В	С	D	E	F	G
Legal Entity Number: 00023			Service	Service	Service	Service	Service	Service
Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
			95					
1 Allocation Percentage		100.00%	100.00%				<u> </u>	
2 Total Units			6,377					
3 Gross Cost		627,664	627,664					<u> </u>
4 Cost per Unit			98.43	************			***************************************	
5 SMA per Unit			115.14			1		
6 Published Charge per Unit			115.14					
7 Negotiated Rate / Cost per Unit								
8	07/01/02 - 09/30/02		787	14141414141414141	111111111111111111111111111111111111111	electronic contract	a de la constanta de la consta	
Medi-Cal Units	10/01/02 - 06/30/03		3,625			1		
9	07/01/02 - 09/30/02		3,023			 	 	
	10/01/02 - 06/30/03					 		ļ
9A Tobaccad SD/MC (Children) Linite	07/01/02 - 09/30/02					-	 	ļ
Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03							
	07/01/02 - 06/30/03					 	 	
14	07/01/02 - 09/30/03					 	 	
11 11A Healthy Families (SED) Units	10/01/02 - 06/30/03		43					<u> </u>
	110/01/02 - 00/30/03		1,922			 	 	ļ
						11111111111111111111	2010311101111111	<u> </u>
13 Medi-Cal Costs	07/01/02 - 09/30/02	77,461	77,461					
13A Medi-Cai Costs	10/01/02 - 06/30/03	356,795	356,795					
Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	90,615	90,615					
14A	10/01/02 - 06/30/03	417,383	417,383					
Medi-Cal Published Charges	07/01/02 - 09/30/02	90,615	90,615					
15A Medi-Cai i ublished Charges	10/01/02 - 06/30/03	417,383	417,383					
Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A	10/01/02 - 06/30/03							
17	07/01/02 - 09/30/02				*,*,*,*,*,*,*,*,*,*,*,*,	***********		
Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							·····
10	07/01/02 - 09/30/02							
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	l						· · · · · · · · · · · · · · · · · · ·
(0)	07/01/02 - 09/30/02	 						
Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03					 		
20	07/01/02 - 09/30/02	 						
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03	 						
					and a second	141414111111111111111111111111111111111	-141-141-141-141-14	and the same
Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A	10/01/02 - 06/30/03							
Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A	10/01/02 - 06/30/03							
Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
/3A	10/01/02 - 06/30/03				.,			
Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A Enhanced Obtino Negotiated Nates	10/01/02 - 06/30/03							
Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03			entra esta esta esta esta esta esta esta est	<u>, e el el el el el el el el</u>			
6 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	 						
7 Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
8 Enhanced SD/MC (Refugees) Regotiated Rates	07/01/02 - 06/30/03							
<u>ann ann agus an am an an am an </u>				and the second		9.1.120.111.111		data data ga
9 Healthy Families Costs	07/01/02 - 09/30/02							
9A)	10/01/02 - 06/30/03	4,232	4,232					
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
UA	10/01/02 - 06/30/03	4,951	4,951					
Healthy Families Published Charges	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03	4,951	4,951				-	
11A		11221						
11A	07/01/02 - 09/30/02							
11A		15.5						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

County: MENDOCINO

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

CR CR CR CR CR CR

	County: MENDOCINO County Code: 23			CR	CR	CR	CR	CR	CR
	Legal Entity: MENDOCINO COUNTY		A	В	С	D	E	F	G
Le	gal Entity Number: 00023			Service	Service	Service	Service	Service	Service
<u> </u>	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
ļ.	I Allega Naca Paragraphy		400.000	01	10	30	58	60	70
2	Allocation Percentage Total Units		100.00%	24.06% 643,984	11.33% 303,288	34.62% 926,869	0.56% 76,732	9.77% 214,924	19.66% 238,735
3	Gross Cost		6,661,775	1,602,625	754,766	2,306,615	37,496	650,824	1,309,449
17.75			0,001,710		400000000000000000000000000000000000000	(Nersiana) datam	alesta está estado		
4	Cost per Unit			2.49	2.49	2.49	0.49	3.03	5.48
5	SMA per Unit Published Charge per Unit			1.77 1.77	2.28 2.28	2.28 2.28	2.28 2.28	4.23 4.23	3.41 3.41
7	Negotiated Rate / Cost per Unit			1.77_	2.20	2.20	2.20	4.23	3.41
1000	Integralia Control Control						***********		
8	Medi-Cal Units	07/01/02 - 09/30/02		190,768	67,344	139,305	35,348	24,767	26,175
8A		10/01/02 - 06/30/03		416,411	165,457	492,916	34,127	72,028	65,744
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02			1,558	31,368		10,945	13,723
9A		10/01/02 - 06/30/03			3,331	84,554		20,381	24,262
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A	Enhanced SD/MC (Refugeen) Units	10/01/02 - 06/30/03							
10B		07/01/02 - 06/30/03		455	1.076	1,923		45	285
11 11A	Healthy Families (SED) Units	10/01/02 - 09/30/02		1,597	6,555	7,945		165	285 60
12	Non-Medi-Cal Units	1 10/01/02 - 00/30/03		34,753	57,967	168,858	7,257	86,593	108,486
7.7.7.7	Non-Medi-Cai Office	şaranın de ili de					-1-1-1-1-1-1-1-1-1-1-1-1		
13	Medi-Cal Costs	07/01/02 - 09/30/02	1,224,856	474,747	167,593	346,676	17,273	74,998	143,569
13A		10/01/02 - 06/30/03	3,270,109	1,036,285	411,758	1,226,676	16,676	218,112	360,602
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	1,083,434	337,659	153,544	317,615	80,593	104,764	89,257
14A		10/01/02 - 06/30/03	2,844,813	737,047	377,242	1,123,848	77,810	304,678	224,187
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	1,083,434	337,659	153,544	317,615	80,593	104,764	89,257
15A		10/01/02 - 06/30/03	2,844,813	737,047	377,242	1,123,848	77,810	304,678	224,187
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03		*************					
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	190,353		3,877	78,063		33,143	75,270
17A	Wedicale/Wedi-Cal Clossover Costs	10/01/02 - 06/30/03	413,504		8,290	210,422		61,717	133,076
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	168,164		3,552	71,519		46,297	46,795
18A	wedicarchiled our prossover divin opper Elimino	10/01/02 - 06/30/03	369,323		7,595	192,783		86,212	82,733
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	168,164		3,552	71,519		46,297	46,795
19A	medical children can check the first charges	10/01/02 - 06/30/03	369,323		7,595	192,783		86,212	82,733
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03		*************					
21	F-1	07/01/02 - 09/30/02							
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03							
22	F-b	07/01/02 - 09/30/02							
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02			-				
23A	Linanced Spirit Fabilished Charges	10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A	Emilance ob Mo Negoliales Nates	10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03		225-174-174-174-174			1-121-1-1-1-1-1-1-1-1		<u> </u>
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29		07/01/02 - 09/30/02	10,295	1,132	2.676	4 700		420	7.500
29A	Healthy Families Costs	10/01/02 - 06/30/03	10,295 40,888	3,974	2,678 16,313	4,786 19,772		136 500	1,563 329
30	access,	07/01/02 - 09/30/02	8,805	805	2,453	4,384		190	972
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	36,789	2,827	14,945	18,115		698	205
31		07/01/02 - 09/30/02	8,805	805	2,453	4,384		190	972
31A	Healthy Families Published Charges	10/01/02 - 06/30/03	36,789	2,827	14,945	18,115	·	698	205
32		07/01/02 - 09/30/02	50,109	2,021	1-1,0-13	10,110		030	203
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03							
77777									
33	Non-Medi-Cal Costs		1,511,769	86,487	144,257	420,222	3,546	262,217	595,040

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

MENDOCINO

	County: MENDOCINO County Code: 23			MHS	MHS	MHS	MHS	MHS	
	Legal Entity: MENDOCINO COUNTY		A	2346	2343	2343	2344	2345	G
Lec	pal Entity Number: 00023		†'`	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 2)		Mode Total	Function	Function	Function	Function	Function	Function
				38	39	60	61	37	
1	Allocation Percentage		100.00%	70.17%	17.61%	6.42%	0.12%	5.68%	
2	Total Units			307,150	77,060	15,155	280	24,850	
3	Gross Cost		1,154,340	810,050	203,231	74,152	1,370	65,537	
4	Cost per Unit			2.64	2.64	4.89	4.89	2.64	400000000000000000000000000000000000000
5	SMA per Unit			2.28	2.28	4.23	4.23	2.28	
	Published Charge per Unit								<u> </u>
7	Negotiated Rate / Cost per Unit								
17777		T07/04/00 00/00/00		00.570	17.200	0.270	405	1.010	
8	Medi-Cal Units	07/01/02 - 09/30/02		80,570	17,300	6,370	105	1,310	
8A		10/01/02 - 06/30/03 07/01/02 - 09/30/02		226,580	59,760	8,785	175	23,540	
9 9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							
10		07/01/02 - 09/30/02							
10A	Enhanced SD/MC Units	10/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
	Enflanced SD/MC (Relugees) Units								
11 11A	Healthy Families (SED) Units	07/01/02 - 09/30/02 10/01/02 - 06/30/03	F:::::::::::::::::::::::::::::::::::::						
	Non Madi Cal Linita	10/01/02 - 00/30/03							
12	Non-Medi-Cal Units				danista antara	1010101010101010101010			landaria de la contractorio de
13	Medi-Cal Costs	07/01/02 - 09/30/02	293,250	212,488	45,625	31,168	514	3,455	
13A	Wedi-Oai Cosis	10/01/02 - 06/30/03	861,090	597,562	157,606	42,984	856	62,082	L
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	253,520	183,700	39,444	26,945	444	2,987	
14A	Wed-Oal OWA Opper Entits	10/01/02 - 06/30/03	744,427	516,602	136,253	37,161	740	53,671	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A	Medi-Cal (ubilated Charges	10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							i
16A	Wed-Cal Negotiated Nates	10/01/02 - 06/30/03							I .
17		07/01/02 - 09/30/02		100000000000000000000000000000000000000			111210111111111111111111111111111111111		
17A	Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
18		07/01/02 - 09/30/02							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
19		07/01/02 - 09/30/02							
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03							
20		07/01/02 - 09/30/02							· · · · · · · · · · · · · · · · · · ·
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03	· · · · · · · · · · · · · · · · · · ·						
2.7 - 7 - 7			000000000000000000000000000000000000000	201000000000000000000000000000000000000		100000000000000000000000000000000000000			
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03			****************				
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
		07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
20		07/01/02 - 09/30/02			100000000000000000000000000000000000000				(ann ann an an
29A	Healthy Families Costs								
		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32 32A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
3ZA		10/01/02 - 06/30/03			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				aandadadad
33	Non-Medi-Cal Costs		0			0	(0)		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: MENDOCINO

County Code: 23

CR

	Legal Entity: MENDOCINO COUNTY	Α	В	С	D	E	F	G
Le	egal Entity Number: 00023		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		1					
3	Gross Cost	881,709	881,709					
4	Cost per Unit		881,709.00	<u>-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1</u>			<u> </u>	
5	Non-Medi-Cal Units		1					
6	Non-Medi-Cal Costs	881,709	881,709					

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

	County: MENDOCINO County Code: 23				DEMBURG	EMENT TYPE	PC	T	PC		ī	CHA	
	Legal Entity: MENDOCINO COUNTY		Α	В	C	D	E	F	G G	H		SMA J	К
Lec	al Entity Number: 00023		_				Total				Total		Total
}				Mode 55 S. F.'s 11-19,	T	Total MAA	Inpatient Mode 05-	Mode 05-Ali	J	Mode 15	Outpatient Exclude	Mode 15	Outpatient (Col. I + Col. J)
<u> </u>	T	107/04/00 00/07/00	S. F.'s 01-09	31-39	S. F.'s 21-29	CHARLES CONTRACTOR	Hospital	Other	Mode 10	Program (1)	Program (2)	Program (2)	4 505 507
1 1A	Medi-Cal Costs	07/01/02 - 09/30/02 10/01/02 - 06/30/03			 		 	 	77,461 356,795	1,224,856 3,270,109	1,302,317 3,626,904	293,250 861,090	1,595,567 4,487,994
2	Medi-Cal SMA	07/01/02 - 09/30/02							90,615	1,083,434	1,174,049	253,520	1,427,569
2A_		10/01/02 - 06/30/03 07/01/02 - 09/30/02					-	 	417,383 90,615	2,844,813 1,083,434	3,262,195 1,174,049	744,427	4,006,623 1,174,049
3A	Medi-Cal P. C.	10/01/02 - 06/30/03							417,383		3,262,195		3,262,195
4 4A	Medi-Cal N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					1						
10		07/01/02 - 09/30/02						<u> </u>	90,615	1,083,434	1,174,049	253,520	1,427,569
5A	Medi-Cal Gross Reimbursement	10/01/02 - 06/30/03							417,383		3,262,195	744.427	4,006,623
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02								190,353	190,353		190,353
6A		10/01/02 - 06/30/03 07/01/02 - 09/30/02								413,504	413,504 168,164		413,504
7A	Medicare/Medi-Cal Crossover SMA	10/01/02 - 06/30/03								168,164 369,323	369,323		168,164 369,323
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02								168,164	168,164		168,164
8A 9	Madisara/Madi Cal Crassavar N. D.	10/01/02 - 06/30/03 07/01/02 - 09/30/02								369,323	369,323		369,323
9A	Medicare/Medi-Cal Crossover N. R.	10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02								168,164	168,164		168,164
10A		10/01/02 - 05/30/03						NEASTANES	10.000.000.000	369,323	369,323	51012500001200131	369,323
11 11A	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03							90,615 417,383	1,251,598 3,214,136	1,342,213 3,631,518	253,520 744,427	1,595,733 4,375,946
12		07/01/02 - 09/30/02											
12A	Enhanced SD/MC (Children) Cost	10/01/02 - 06/30/03											
13 13A	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03								 			
13A	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02											
14A	Elmanded SD/WC (Clinioren) F. C.	10/01/02 - 06/30/03 07/01/02 - 09/30/02											
15 15A	Enhanced SD/MC (Children) N. R.	10/01/02 - 06/30/03							<u> </u>				
16	Enhanced SD/MC (Children) Conce Bains	07/01/02 - 09/30/02								***************************************	**************		
16A	Enhanced SD/MC (Children) Gross Reim.	10/01/02 - 06/30/03						.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*:*:*:*:*:			
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03 07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							90,615	1,251,598	1,342,213	253,520	1,595,733
21A 22	(Excludes Refugees) Enhanced SD/MC (Refugees) Gross Reim.	10/01/02 - 06/30/03 07/01/02 - 06/30/03	4::::::::::::::::::::::::::::::::::::::						417,383	3,214,136	3,631,518	744,427	4,375,946
-	Limitation of the control of the con	07/01/02 - 09/30/02						511.1111.1111.1111.1111			40.005		
23 23A	Healthy Families Cost	10/01/02 - 06/30/03							4,232	10,295 40,888	10,295 45,120		10,295 45,120
24	Healthy Families SMA	07/01/02 - 09/30/02								8,805	8,805		8,805
24A 25	Manufacture D. C.	10/01/02 - 06/30/03 07/01/02 - 09/30/02							4,951	36,789 8,805	41,740 8,805		41,740 8,805
25A	Healthy Families P. C.	10/01/02 - 06/30/03							4,951	36,789	41,740		41,740
26 26A	Healthy Families N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
27		07/01/02 - 09/30/02								8,805	8,805		8,805
27A	Healthy Families Gross Reim.	10/01/02 - 06/30/03						*****	4,951	36,789	41,740		41,740
29	Less: Patient and Other Payor Revenues	07/01/02 - 09/30/02								11,907	11,907		11,907
28A	SD/MC + Crossover Revenues	10/01/02 - 06/30/03								19,543	19,543		19,543
29 30	Enhanced SD/MC (Children) Revenues Enhanced SD/MC (Refugees) Revenues		100000										
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA	Taria da la casa da la	 										
35 35A	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02 10/01/02 - 06/30/03	500000000						90,615 417,383	1,239,691 3,194,593	1,330,306 3,611,976	253,520 744,427	1,583,826 4,356,403
36	Net Due - Enhanced SD/MC (Refugees)											111,121	
37 37A	Net Due - Healthy Families	07/01/02 - 09/30/02 10/01/02 - 06/30/03							4,951	8,805 36,789	8,805 41,740		8,805 41,740
1	Amount Negotiated Rates Exceed Costs	denti in Territoria della d	1						1.00				711/70
38	SD/MC (Includes Children)	07/01/02 - 09/30/02											
38A	Enhanced SD/MC (Refugees)	10/01/02 - 06/30/03	 										
39 40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03	<u> Patricki di di</u>							Τ			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: MENDOCINO

County Code: 23

Legal Entity: MENDOCINO COUNTY

Legal Entity Number: 00023	A	В	С	D	Е	F	
Data Type	Net Dire	ct Costs	FF	Р	Effe	ctive	
Data Type	(Gross Reim. C	osts - Revenue)	Doll	ars	FFP%		
Source	MH1	970s	MH19	970s	Calcu	lated	
Cource	Column N	Column Q	Column R	Column U	Calcu	ilateu	
Formula					(C6 / A6)	(D6 / B6)	
Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	
	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	
Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03	
1 05 - Hospital Inpatient (SFC 10-19)						$\psi_{ij}^{(i)}$	
2 05 - Other 24 Hour Services (All Other SFC)					The water operation	ALTEROPER IN	
3 10 - Day Services	90,615	417,383	46,576	214,722	49676		
4 15 - Outpatient (Program 1)	1,239,691	3,194,593	637,201	1,638,316			
5 15 - Outpatient (Program 2)	253,520	744,427	130,309	381,533	Approximation of the second se		
6 Totals	1,583,826	4,356,403	814,087	2,234,570		Markin P	
7 Totals from MH1979	1,583,826	4,356,403	814,087	2,234,570			
8 Effective SD/MC FFP %				Commence of the second	51.40%	51.29%	

DEPARTMENT OF MENTAL HEALTH

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

FFP %

Source:

FFP %

Source:

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

County: MENDOCINO

Fiscal Year 2002-2003

County Code: 23							MH1978 E8	MH1978 F8			
Legal Entity: MENDOCINO COUNTY		Α	В	С	D	I E	F	G	Н	1	J
Legal Entity Number: 00023		Total	Total	Total		50%	51.40%	51.29%	Variable %	75%	Total
		MAA	Inpatient	Outpatient	Total	FFP	FFP	FFP	FFP	FFP	FFP
SD/MC Administrative Reimbursement (County Only)											
1 County SD/MC Direct Service Gross Reimbursement				5,971,678	5,971,678						
2 Contract Provider Medi-Cal Direct Service Gross Reimbursement			1,003,680	1,382,319	2,385,999						
3 Total Medi-Cal Direct Service Gross Reimbursement					8,357,677						
4 Medi-Cal Administrative Reimbursement Limit					1,253,652						
5 Medi-Cal Administration					1,066,995						
6 Medi-Cal Administrative Reimbursement					1,066,995	533,498					533,498
Healthy Families Administrative Reimbursement (Coun	ty Only)										
7 County Healthy Families Direct Service Gross Reimbursement				53,465	53,465						
8 Healthy Families Administrative Reimbursement Limit					5,346						
9 Healthy Families Administration					8,842						
10 Healthy Families Administrative Reimbursement					5,346				3,489		3,489
SD/MC Net Reimbursement for MAA											
11 Medi-Cal Admin. Activities Svc Functions 01 - 09											
12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39											
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (Cour	nty Only)										
14 Utilization Review-Skilled Prof. Med. Personnel (County	(Only)										inistrativa and a
15 Other SD/MC Utilization Review (County Only)	,,				184,241	92,121					92,121
16 SD/MC Not Point 16 Direct Social 07/01/02 - 09/3	02 - 09/30/02			1,583,826	1,583,826		814.087				814,087
	02 - 06/30/03			4,356,403	4,356,403		014,007	2.234.570			2,234,570
17	02 - 09/30/02			4,550,105	4,550,405			2,234,370	12224241444214142414		2,234,370
	02 - 06/30/03										
18 Enhanced SD/MC Net Reimb. (Refugees)									10.00		
											in a company of the
19 Total SD/MC Reimbursement Before Excess FFP											3,674,275
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC					···						
21 Total SD/MC Reimbursement (FFP)											3,674,275
22 Contract Limitation Adjustment											
23 Adjusted Total SD/MC Reimbursement (FFP)											3,674,275
24 Hoolthy Familias Not Baimburgers 07/01/0	02 - 09/30/02			8,805	8,805				5,810		5,810
	02 - 06/30/03			41,740	41,740				27,131		27,131
25 Total Healthy Families Reimbursement Before Excess FFP											36,429
26 Amount Negotiated Rates Exceed Costs - Healthy Families					ak alauk <u>ki ki dandanki ki ki ki bil ki ki</u> k i k						
27 Total Healthy Families Reimbursement											36,429
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